


INSURANCE ELECTION FORM


HEALTH & RX DRUG



DENTAL



LIFE



☒ PLAN 1H6

☒ EMPLOYEE ONLY: PREMIUM = \$315 PER MONTH

☐ EMPLOYEE/SPOUSE: PREMIUM = \$611 PER MONTH

☐ EMPLOYEE/CHILD(REN): PREMIUM = \$567 PER MONTH

☐ FAMILY: PREMIUM = \$899 PER MONTH

☐ PLAN 7LQ

☐ EMPLOYEE ONLY: PREMIUM = \$22 PER MONTH

☐ EMPLOYEE/SPOUSE: PREMIUM = \$45 PER MONTH

☐ EMPLOYEE/CHILD(REN): PREMIUM = \$51 PER MONTH

☐ FAMILY: PREMIUM = \$77 PER MONTH

☐ LIFE INSURANCE

☒ EMPLOYEE ONLY: PREMIUM = \$3 PER MONTH

☐ PLAN 1D7

☐ EMPLOYEE ONLY: PREMIUM = \$316 PER MONTH

☐ EMPLOYEE/SPOUSE: PREMIUM = \$613 PER MONTH

☐ EMPLOYEE/CHILD(REN): PREMIUM = \$569 PER MONTH

☐ FAMILY: PREMIUM = \$903 PER MONTH

☐ PLAN 1G7

☐ EMPLOYEE ONLY: PREMIUM = \$316 PER MONTH

☐ EMPLOYEE/SPOUSE: PREMIUM = \$574 PER MONTH

☐ EMPLOYEE/CHILD(REN): PREMIUM = \$533 PER MONTH

☐ FAMILY: PREMIUM = \$844 PER MONTH

TOTAL MONTHLY PREMIUM  
PREMIUM PER PAYCHECK

\$0.00

\$0.00